

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health**  
**QI/UM Committee**  
**Meeting Minutes**  
February 19, 2015

**CalViva Health**  
**1315 Van Ness Avenue, Building 103**  
**Fresno, CA 93721**

Attachment A

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓	Mary Beth Corrado, Chief Compliance Officer (CCO)
	Terry Hutchison, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
	Brandon Foster, PhD, Family Health Care Network	✓	Morgan Essenheimer, Compliance Analyst
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Brandi Leyva, Medical Administrative Coordinator
✓	Kenneth Bernstein, M.D., Camarena Health Center		
✓	Michael Mac Lean, M.D., At-large Appointee, Kings County		
✓	Fenglaly Lee, M.D., Central California Faculty Medical Group (arrived at 11:07am)		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
✓	Dinesh Apte, Eliza Corp.		

✓ = in attendance

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 11:02 am.	
#2 Approve Consent Agenda - Committee Minutes 10/16/2014 - Committee Minutes 11/20/14 (Educational Session) - Clinical Practice Guidelines - Medical Policies Qtr 3 & 4 - UM-023 Mental Health Services Policy - Utilization Management Policy Grid	The October and November minutes were reviewed and highlights from the consent agenda items were discussed. The Quality Improvement policies and the full Recommended Drug List were available for review at the meeting.	Motion: Approve Consent Agenda (Bernstein/Cardona) 4-0-1 Mac Lean-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Pharmacy Recommended Drug List – January 2015 (Attachments A-G)  <b>Action</b>                      Patrick Marabella, M.D, Chair</p>		
<p><b>#3 QI Business</b>                      Appeals &amp; Grievances                      - Dashboard                      - Executive Summary                      - Quarterly Member Report                      - Classification Audit Report                      (Attachment H-K)  <b>Informational</b>                      Patrick Marabella, M.D</p>	<p><u>A &amp; G Dashboard.</u>                      This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. An increase in grievances was noted for 2014 which may be due to increased membership in 2014 and changes in tracking methodology.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> <li>➤ The grievances are broken down into two categories: Expedited and Standard.</li> <li>➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 87 grievances received and 101 grievances resolved in the month of December 2014.</li> <li>➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances.</li> </ul> <p><u>Appeals:</u></p> <ul style="list-style-type: none"> <li>➤ The appeals are broken down into two categories: Expedited and Standard.</li> <li>➤ Appeal metrics are reported by received date and resolved date. There were 17 appeals received in December 2014 and 18 appeals were resolved.</li> <li>➤ Resolved appeals are broken down into two categories: Pre-service and Post-service. No actionable trends were identified.</li> </ul> <p><u>Appeals and Grievances Executive Summary and Quarterly Member Report.</u>                      This is a written record of 2014 third quarter appeals and grievances to assess for emerging patterns, compliance to turnaround time, and to initiate improvements when indicated.</p> <p>Member Appeals and Grievances –</p> <ul style="list-style-type: none"> <li>- There were a total of 44 appeals. All of these were pre-service appeals.</li> <li>- There were 218 grievances.</li> </ul> <p>Continue to monitor volume fluctuation over the next quarter.</p> <p><u>Access Grievances:</u></p> <ul style="list-style-type: none"> <li>- The majority of Access to Care grievances were related to Pharmacy. No other trends identified.</li> </ul> <p><u>Inter-rater Reliability:</u></p> <ul style="list-style-type: none"> <li>- This report evaluates clinical and non-clinical A&amp;G staff adherence to regulatory requirements and internal policies and procedures established for handling appeals and grievances. The third quarter overall score</li> </ul>	

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	<p>averaged 98%. The audit score threshold is 95%. No action required at this time.</p> <p><u>Classification Audit Summary.</u>                      This audit process is part of a DHCS corrective action plan from a 2013 CalViva audit. Open cases from July to September 2014 were evaluated on a weekly basis for appropriate classification. A total of 36 cases were audited, and none of those cases were classified incorrectly or required follow up. Weekly concurrent audits will continue with follow up action when indicated.</p> <p>❖ <u>Discussion:</u>                      Dr. Cardona inquired regarding the QOS grievances associated with Kaiser. Dr. Marabella explained that with the Healthy Family Transition members were automatically transferred to CalViva Health under the new Medi-Cal program criteria. These members are able to request a transfer to Kaiser; however, grievances may result from a denied request due to failure to meet criteria. In follow up to a recent committee discussion, Dr. Marabella also reported that pharmacy is developing a process to notify PCP's when a member's pain contract is pending expiration so this can be addressed before pain medication dispensing is denied.</p>	
<p><b>#3 QI Business</b>                      Health Education Incentive Programs Report (Attachment L)  <b>Informational</b>                      Patrick Marabella, M.D</p>	<p>Health Education Incentive Programs Report Quarter 3 2014.                      The purpose of this report is to summarize incentive programs utilized to increase member participation in the Quit For Life (QFL) telephonic smoking cessation program, Kids &amp; Teens Challenge (KTC) raffle for well care visits, and Fit Families For Life (FFFL)-Home Edition weight management program.</p> <ul style="list-style-type: none"> <li>➤ 13 QFL participants were from Fresno County, 2 were from Madera County, and 3 were from Kings County for a total of 18 members enrolled. A decrease in enrollment this quarter was due to member outreach calls being delayed until the end of quarter 3. It was noted that an additional 152 members were enrolled in the California Smokers' Helpline for Q3.</li> <li>➤ 10 KTC participants were from Fresno County, 2 from Madera County, and 4 from Kings County for a total of 16 members enrolled. 52 members were enrolled in the FFFL Home Edition program. 45 were from Fresno County, 6 were from Kings County, and 1 was from Madera County. This is a significant increase from the two previous quarters. An additional 16 members received the program materials in a class setting.</li> <li>➤ 10 participants attended the Member Orientation classes. 5 members were from Fresno County, and 5 from Kings. Promotion efforts include direct mailings of the Member Orientation class flyers to both English and Spanish speaking members, distribution of flyers of the CalViva Health offices, clinics, pharmacies, and community-based organizations.</li> </ul> <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> <li>➤ Continue to meet with Provider Relations team to establish outreach strategy that targets providers with large membership but limited participation in the incentive programs.</li> </ul>	

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<p><b>#3 QI Business</b> Public Programs Report (Attachment M) <b>Informational</b> Patrick Marabella, M.D</p>	<p>➤ Continue to promote CalViva Health incentive programs in quarterly CalViva Health Newsletter.</p> <p>The Public Programs report provides a summary of the activities, outcomes and next steps provided in Fresno, Kings, and Madera counties from the Public Programs Department during quarter 4 2014. The following areas were highlighted:</p> <ul style="list-style-type: none"> <li>➤ The three counties have varying levels of difficulty in reporting TB statistics quarterly. Therefore in future reports TB statistics will be tracked quarterly, but reported twice per year.</li> <li>➤ CCS and CHDP activities are summarized for each county. Fresno CHDP will hold trainings for the providers and staff on proper technique for Vision and Hearing screenings.</li> <li>➤ Madera County has identified approximately 45 cases of Pertussis. More updates to follow in the next quarterly report.</li> <li>➤ As part of a corrective action plan associated with a 2013 DHCS Audit a letter was developed to enhance care coordination that informs PCPs when their patient has an open case with CCS or is a Central Valley Regional Center (CVRC) consumer. During calendar year 2014 there were 7939 CCS PCP letters sent and 3359 Regional Center PCP letters sent.</li> <li>➤ Public Programs to partner with Health Education regarding presentations and education concerning breast pump referrals, authorizations, and turnaround times.</li> </ul>	
<p><b>#3 QI Business</b> MHN Performance Indicator Report (Attachment N) <b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report provides a written record of an array of performance indicator metrics, surveying the topics of access by risk rating, authorization decision timeliness, potential quality issues, network availability and network adequacy.</p> <ul style="list-style-type: none"> <li>➤ For quarter 3 2014, out of 8 metrics with targets, all met or exceeded their targets.</li> </ul>	
<p><b>#3 QI Business</b> Potential Quality Issues Report (Attachment O) <b>Informational</b> Patrick Marabella, M.D, Chair</p>	<p>The Potential Quality Issues Report (PQI) report provides a summary of PQI's identified during quarter 3 2014 that may result in substantial harm to a CalViva Health member.</p> <ul style="list-style-type: none"> <li>➤ Three cases were identified as requiring further clinical review.</li> <li>➤ Follow up was completed as indicated.</li> </ul>	
<p><b>#3 QI Business</b> Provider Preventable Conditions Report (Attachment P) <b>Informational</b> Patrick Marabella, M.D,</p>	<p>Provider Preventable Conditions (PPC) Report.</p> <p>Case processing, review and handling are maintained according to the CalViva Health PPC procedure. There were 3 reported CalViva Health PPC's during the 4<sup>th</sup> quarter 2014. All cases closed with no further action. Cases were reported to DHCS according to regulations.</p>	



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	<ul style="list-style-type: none"> <li>➤ Disease Management program expanded to include Congestive Heart Failure, Coronary Artery Disease and Chronic Obstructive Pulmonary Disease in addition to Asthma and Diabetes.</li> </ul> <p>5. Monitoring Activities for Special Populations</p> <ul style="list-style-type: none"> <li>➤ SPD Tracking ongoing</li> <li>➤ CBAS tracking ongoing</li> <li>➤ Mental Health tracking ongoing</li> </ul> <p>❖ <u>Discussion:</u>            Dr. Cardona raised the issue of the challenges faced by PCPs when attempting to obtain member discharge information from the discharging hospital in order to ensure appropriate follow up. Many hospitals and clinics do not share the same electronic medical record system which makes transferring patient information difficult. The patient Discharge Summary including discharge medications is not provided to the PCP in a timely manner. CalViva TCM case managers could assist the PCP by obtaining this information from the hospitals and transferring it to the PCP office at the time of discharge. Dr. Marabella will follow up with case management staff to request their assistance in facilitating the transfer of information.</p>	
<p><b>#5 UM Business</b>            Key Indicator Report            (Attachment S)  <b>Informational</b>            Patrick Marabella, M.D,            Chair</p>	<p>Key Indicator Report reflects data as of January 20, 2015.            The following items were noted:</p> <ul style="list-style-type: none"> <li>➤ An annual summary of the report was presented for comparison with 2013.</li> <li>➤ Inpatient utilization (days/1000) for non SPD and SPD members has increased from 2013.</li> <li>➤ Medical Management is looking into the increase of days/1000 rates</li> <li>➤ Complex Case Management has very few cases over the past 90 days due to an adjustment in the program and movement to an Ambulatory Case management model.</li> </ul>	
<p><b>#5 UM Business</b>            CCS Report            (Attachment T)  <b>Informational</b>            Patrick Marabella, M.D,            Chair</p>	<p>CCS Report.            The CCS report was reviewed. CCS statistics based on the Plan's public health reporting was corrected for CCS eligible membership. There are no other significant issues to report.</p> <p>❖ <u>Discussion:</u>            Dr. Mac Lean inquired regarding the payment process for denial of non-CCS condition related treatments. CalViva Health staff will refer Dr. Mac Lean to the Public Programs department for further information.</p>	
<p><b>#5 UM Business</b>            Concurrent Review Report            (Attachment U)  <b>Informational</b></p>	<p>Concurrent Review Report (CCR).            This report covers the activities of the CCR Audit Review process and results. The goal of the CCR audit is to ensure the CCR process supports consistent, credible and timely medical management decisions and records that will facilitate improved member outcomes, minimize post discharge gaps in care, and ensure reliable and regulatory compliant member and provider communications.</p>	

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<p>Patrick Marabella, M.D, Chair</p>	<p><u>Analysis/Findings/Outcomes:</u>            &gt; The audit components include authorization processing turnaround times, application of acute care criteria standards, and documentation of discharge collaboration. All elements met or exceeded the 90% goal with the exception of the December turn-around time result of 87%.</p> <p><u>Barrier Analysis:</u>            &gt; Increases in membership due to the Medi-Cal expansion under the ACA and new staff hiring and training posed challenges. Audit processes were evaluated and updated to improve the auditing process consistent with the goals of the concurrent review process.</p> <p><u>Next Steps:</u>            &gt; Continue to monitor the CCR process and provide focused training opportunities in order to reach and maintain the passing audit target of 90%.</p>	
<p><b>#5 UM Business</b>            Inter-rater Reliability Report for Physicians &amp; Non-Physicians Report (Attachment V)  <b>Informational</b>            Patrick Marabella, M.D,            Chair</p>	<p>UMCM staff utilizes InterQual® Clinical Decision Support Criteria and other evidence based medical policies when reviewing authorization requests from a medical necessity perspective. UMCM Medical Directors and Registered Nurses all participate in annual inter-rater reliability testing.</p> <p>&gt; For InterQual IRR testing it is mandatory to obtain a passing score of 80% for non-physicians and 85% for physicians. All test participants received a passing score. Annual training and testing will continue.</p>	
<p><b>#6 Credentialing &amp; Peer Review Subcommittee Reports</b>            - Credentialing Subcommittee Report Qtr 3            - Peer Review Subcommittee Report Qtr 3            (Attachments W, X)</p>	<p><u>Credentialing Subcommittee Report.</u>            This report provides the QI/UM Committee and RHA Commission with a summary of the third quarter 2014 CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> <li>1. The Credentialing Subcommittee met in August 2014. At the August 7<sup>th</sup> meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.</li> <li>2. There were 109 initial credentialing, 135 recredentialing, 0 suspensions, 4 terminations, and 0 resignations.</li> <li>3. Count specific Credentialing Sub-committee reports were reviewed for the months of April and May 2014. There were no cases identified with significant issues.</li> </ol> <p><u>Peer Review Subcommittee Report.</u>            This report provides the QI/UM Committee and RHA Commission with a summary of the third quarter 2014 CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> <li>1. The Peer Review sub-committee met in August 2014. The county specific Peer Review Summary reports for April and May 2014 were reviewed and approved. There were no significant cases to report.</li> <li>2. The second quarter 2014 Peer Review Count report was reviewed and approved by the Peer Review</li> </ol>	<p>Motion: Approve Credentialing Subcommittee Report (Bernstein/Cardona) 5-0-0-2</p> <p>Motion: Approve Peer Review Subcommittee Report (Bernstein/Cardona) 5-0-0-2</p>

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	Sub-committee. There were 2 Peer Review cases closed and cleared in the reporting period. One case with a CAP outstanding. No significant quality of care issues noted. All cases closed to a normal track and trend.	
#7 Compliance Update	<p>M.B. Corrado presented the Compliance Report. Highlights of this report include:</p> <ul style="list-style-type: none"> <li>➤ The 2013-2014 Claims, Provider Disputes and Health Education oversight audits are in Progress.</li> <li>➤ Joint Medi-Cal quarterly network reviews by DMHC and DHCS will be an ongoing regulatory initiative. Q1 was submitted and CVH is currently working on Q2 2014.</li> <li>➤ CVH received and accepted the draft DHCS Performance Evaluation Report. Additional detailed information will be provided once the final report is received.</li> <li>➤ A Facility Site Review (FSR) and Medical Record Review (MRR) of CalViva Health's provider network were conducted by DHCS from June 2, 2014 to June 5, 2014. The Plan worked with the providers correcting all areas of deficiencies and submitted a response to DHCS in November 2014. The Plan is currently awaiting a final report from DHCS approving the corrective actions.</li> <li>➤ CVH was notified in November 2014 that DHCS would be conducting a full service audit of the Plan. This onsite audit was held February 3, 2015 through February 11, 2015. DHCS will conduct an exit conference to provide the audit findings within 30 to 90 days of the onsite review.</li> <li>➤ The Public Policy Committee held a meeting December 3, 2014 at 1315 Van Ness Ave Suite 103, Fresno, CA. A quorum was present. The committee discussed committee membership, 2015 Calendar, enrollment, as well as member satisfaction, appeals and grievances, cultural and linguistics information, marketing and annual mailing. The Committee did not have any recommendations for Commission action. The next Public Policy Committee meeting will be held on March 4, 2015 at the same location.</li> </ul>	
#8 Old Business	None.	
#9 Announcements	None.	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:48 pm.	



NEXT MEETING: March 19<sup>th</sup>, 2015

Submitted this Day: March 19, 2015

Submitted by: Amy B. Schneider

Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

Patrick C. Marabella

Patrick C. Marabella, MD Committee Chair